



February 20, 2020

Web Announcement 2106

Attention Waiver Providers: Claims Denied with Error Code 4758 Have Been Reprocessed

Some claims for waiver provider types 48 (Home and Community Based Waiver for the Frail Elderly), 58 (Home and Community Based Waiver for Persons with Physical Disabilities) and 59 (Home and Community Based Waiver for the Frail Elderly (Augmented Personal Care Services) were denied incorrectly with error code 4758 (Billing provider type/specialty restriction on procedure coverage rule). The Medicaid Management Information System (MMIS) was updated and claims submitted by the above waiver provider types no longer deny in error with error code 4758 effective June 24, 2019.

The impacted denied claims have been automatically reprocessed.

- The first claim reprocessing effort was performed in June 2019 and results of the reprocessed claims appeared on remittance advices dated July 5, 2019.
- The second claim reprocessing effort was performed in December 2019 and results of the reprocessed claims appeared on remittance advices dated December 20, 2019.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.